

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project 1394827	Postmark	Date Received	Notification #: 2013.1104.6082
I. TYPE OF NOTIFICATION (O = Original / R = Revised / E = Emergency/C = Cancelled) : o			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: General Electric			
Address: 1 Research Circle			
City: Niskayuna	State: NY	ZIP: 12309	
Contact:	Tel:		
REMOVAL CONTRACTOR: Atlantic Contracting & Specialties, LLC.			
Address: 1 Harrison St PO Box 844			
City: Troy	State: NY	ZIP: 12181	
Contact: Gary Sprague	Tel: (518)272-2715		
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:	Tel:		
III. TYPE OF OPERATION (D = Demolition / O = Ordered Demolition/R = Renovation/E = Emergency) : R			
IV. IS ASBESTOS PRESENT? (Yes/No): Y			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name: General Electric			
Address: 1 Research Circle			
City Niskayuna	State: NY	County: Schenectady	
Site Location: Met Bldg Mechanical Room 238			
Building Size:	SqMeter:	SqFt: 200,000	# of Floors: 5
Present Use: Commercial		Age in Years: 60	
Prior Use: Commercial			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Detection performed by owner			

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:	RACM to be removed	Non-friable Asbestos Material not to be removed		Indicate Unit of Measurement below	
1. Regulated ACM to be removed		Cat I	Cat II	UNIT	
2. Category I ACM not removed					
3. Category II ACM not removed					
Pipes - Linear Feet	1,500			LnFt:	Ln M:
Surface Area - Square Feet				SqFt:	Sq M:
Volume RACM off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 11/25/2014 Completion: 12/31/14					
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: 11/25/2014 Completion: 12/31/2014					

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: All work to be performed in accordance with NYSDOL ICR 56.

XII. WASTE TRANSPORTER #1

Name: Transwaste

Address: 3 Barker Dr

City: Wallingford

State: CT

ZIP: 06492

Contact Person:

Telephone: (203)269-8300

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: BFI Imperial Landfill

Address: 11 Boggs Rd

City: Imperial

State: PA

ZIP: 15126

Telephone: (724)695-0900

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

Date